

# International Student Responsibilities

I understand that I am responsible for my behavior on and off campus and I am expected to comply with all policies and regulations which appear in University publications. As a California State University, San Bernardino (CSUSB) international student, it is my personal responsibility to comply not only with the laws that regulate the conduct of U.S. citizens, but also with those that relate specifically to me as an international student. Failure to do so may result in deportation.

I understand that the following is only a partial list of responsibilities as an international student which explains, most importantly, registration, attendance, and course load:

- Attend the school that USCIS has authorized for attendance.
- Register for a minimum of 12 units for undergraduate and 8 units for graduate students in the fall winter, and spring quarters. English Language Program (ELP) F-1 students must enroll in a full course of study and must also enroll full-time for the summer term. In addition, I must maintain active health insurance coverage as a condition for enrollment.
- Maintain above a 2.0 GPA for undergraduate, 3.0 GPA for graduate, or maintain passing grades in ELP.

I understand I must contact the Center for International Studies and Programs (CISP) to authorize a drop below full-time enrollment as stated above. The following circumstances are the only acceptable reasons for review:

- Quarter off
- Last quarter to graduate or complete program
- Taking prerequisites for a Master's program
- Medical necessity
- Registration for Master's Project or Comprehensive Exam

I understand I register as a full-time student for three consecutive quarters in an academic year before I can qualify for a quarter off and remain in the U.S. I understand I cannot be out of the country for more than five (5) months without losing my status. I must turn in a leave of absence form with my department as well as a waiver with CISP.

I understand that I am able to enroll in only **one** online course each quarter. I understand that there may be additional restrictions for online courses for students under government scholarship and that I must speak with my scholarship advisor before enrollment.

I understand I am required to obtain a travel signature on my I-20/DS-2019 if I wish to leave the country and plan to return. The signature cannot be older than six (6) months or one (1) year, respectively, upon my return. I understand that I must request a travel signature from CISP at least **one week** in advance of my departure date if I need a travel signature.

I understand I may not be able to work without permission from CISP (except F-1 matriculated students may work on campus).

I understand if I fail to comply with my immigration responsibilities, I will lose my student status and become ineligible for benefits normally granted to international students.

Additional information for matriculated students is available on the CISP website at [www.csusb.edu/cisp](http://www.csusb.edu/cisp). Additional detailed information for ELP students is available on the Extended Learning portal of MyCoyote. The CISP staff is also available to offer information, counseling, and assistance on all academic, immigration, and any other item of question.

## **Government Sponsor Students**

I consent to the release of all information in my student records, maintained by CSUSB, to my sponsoring government agency. I understand that the information to be released includes my demographic and contact information, transcripts, financial information, and enrollment verification. I understand my student record information is needed by my sponsoring government agency for the purpose of scholarship selection, distribution, verification, and to establish continued contact to ensure my success at CSUSB.

I understand the Family Education Rights and Privacy Act (FERPA) request that in order for CSUSB to share my student record information with my sponsoring government agency, I must give my written, signed consent. Therefore, I authorize CSUSB to disclose my student record information, as described above, for all the terms that I am enrolled at CSUSB. I understand that I have the right not to consent to the release of information in my student record and that I may revoke this consent at any time by giving written notice to the sponsoring government agency and CSUSB.

By signing this form I, am agreeing to the terms and rules listed above.

Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_